

# **Exhibit Z**



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**OCCUPATIONAL LUNG DISEASE EVALUATION**

June 27, 2003

Jones, Willie James

HOR/TYL/LH

DOB: [REDACTED]

Tyler, TX 75701

**HISTORY:** This is a 62 year old laborer who reports occupational history as follows: He graduated high school in 1958. He worked in a poultry processing plant for eight years, from 1959-1967. He worked as a pipe grinder in a foundry from 1969-1975, where he had exposure to asbestos and silica dust. He ground pipe with a stone. He wore a paper mask and worked indoors most of the time. He worked for an electrical company from 1975-1978 building air conditioning units. He put insulation inside the units on an assembly line. He did not use any respiratory protection. From 1978-1980 he worked as a roustabout and welder's helper. He connected pipe. He removed pipe insulation and then re-insulated the pipe. He worked with a grinding wheel, holding down pipe and metals for the welders to weld the material. He did some sandblasting of pipes. He never used a mask during this activity. He worked outdoors and wore "dark shades" for eye protection. He states the insulation that he removed from the pipes was old and he believed that it contained asbestos. He worked for a county bridge department, packing holes in the roads, and built bridges, from 1981-1985. He built air conditioning units from 1985-1987 in a factory. From 1987 until the present time he has worked as a custodian, vacuuming floors, cleaning windows, and waxing floors. He smoked one package of cigarettes weekly for 47 years, quitting three months ago. He began smoking at the age of 15 (7 pack-years). There is a family history of heart disease. His father died at the age of 55. His mother lived to be 84. The patient himself has a past medical history limited to hypertension. He had left elbow surgery in 1979. He does not remember the names of his medications. In general systems review he describes a two-year history of moderate dyspnea upon exertion which has increased over the past year. He now gets short of breath vacuuming the house, mowing the lawn, or even getting dressed. He can walk half of a mile on level ground at a constant pace or climb one flight of stairs. He has had muscle aches in his chest area, but these are not related to exertion. He denies orthopnea or chronic cough.

**PHYSICAL EXAM:** This is a pleasant African-American man in no respiratory distress at rest. The patient is slightly overweight. There is a scar over the left shoulder. H: 69"; W: 204#; Pulse: 76 and regular; B/P: 140/88; Respirations: 17 per minute and unlabored. Head and neck: No adenopathy or jugular venous distention. Chest: Symmetric expansion. No obvious chest wall deformities. Lungs: Normal palpation and percussion. Clear to auscultation anteriorly and posteriorly to the bases. No rales, wheezes or rhonchi are heard. Heart: Regular rhythm, without murmurs, clicks, rubs, or gallops. Extremities: No clubbing, cyanosis, or edema.

**CHEST X-RAY:** PA and lateral views of the chest dated June 27, 2003 are reviewed for the presence of and classification of pneumoconiosis according to the ILO (1980) classification. Film quality is grade 1. Examination of the lung parenchyma reveals a diffuse bilateral interstitial pattern consisting of rounded and irregular small opacities of size and shape P/S, ILO profusion 1/1 in all six lung zones. Examination of the pleural surfaces demonstrates no pleural plaques, pleural thickening, or pleural calcifications. No parenchymal infiltrates, nodules, or masses are present. The trachea is midline. The heart size is normal. The mediastinal structures are unremarkable. There are no other significant intrathoracic findings. Compared to an earlier film dated 09/09/02, there has been no interval change.

**PULMONARY FUNCTION TESTING:** Performed in Tyler, TX on June 27, 2003 using Crapo/Hsu predicted values. Forced vital capacity (FVC) is 3.62 liters (L), or 80% predicted (pred.). FEV1 is 2.66 L (75% pred.).

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es, Willie James  
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**PULMONARY FUNCTION TESTING:** (Cont'd) FEV1/FVC ratio is 73%. FEF 25%-75% is 1.95 l./sec. (58% pred.). Slow vital capacity is 3.74 l. (83% pred.). TLC is 6.06 l. (89% pred.). DICO is 74% pred., based on an IVC of 3.47 l. Inspection of the volume-time curves, flow-volume loops and diffusion graphs reveals good performance and reproducibility during those portions of the test. These pulmonary function tests, after race correction, are within normal limits.

**DIAGNOSIS/IMPRESSION:** <sup>123456789</sup> Mixed-dust pneumoconiosis (silicosis and asbestosis), based on the appearance of the chest x-ray and exposure history. This condition is causing no measurable physiologic impairment at this time.

**PROGNOSIS/RECOMMENDATION:** Due to the long latency period between exposure to asbestos and silica dust and the onset of clinically significant silica-related and/or asbestos-related disease, the patient is at increased risk for the development of bronchogenic carcinoma, mesothelioma, certain other cancers, tuberculosis, as well as for deterioration in pulmonary function, even in the absence of additional asbestos or silica dust exposure. Since these conditions may occur many years after exposure has terminated, close clinical follow-up, annual pulmonary re-evaluation, and continued avoidance of tobacco consumption are recommended.

*J. Segarra*

T. Segarra, M.D.

1. Health Effects of Occupational Exposure to Respirable Crystalline Silica, National Institute for Occupational Safety and Health, Publication No. 2002-129, April 2002
2. Silica and Silica Induced Lung Diseases, Castranova V, Vallyathan V, Wallace W, CRC Press 1996 Boca Raton, FL
3. Morgan, WKC and GEF, JBL "Asbestos-Related Diseases" In Occupational Lung Diseases, Morgan and Seaton, ed., Third Edition, W. B. Saunders, Philadelphia 1995.
4. Goldsmith D, "Silica Exposure and Pulmonary Cancer" In Epidemiology of Lung Cancer, ed. Sammett J, Marcel M. Decker, 1994.
5. McCloud T C, Guest Ed., Occupational Lung Disease, The Radiologic Clinics of North America, Vol 30, No 6, Nov 1992.
6. Epler O R, Guest Ed., Occupational Lung Diseases, Clinics In Chest Medicine, Vol 13, No 2, June 1992.
7. "Asbestos-related Disorders" In Occupational Lung Disorders, W. Raymond Parkes, ed.; Third Edition; Butterworth-Heinemann Ltd., London 1994.
8. Occupational and Environmental Respiratory Disease, Harbor Schenker & Baim, 1986.
9. Recommendations For Control Of Occupational Safety and Health Hazards... Foundries, National Institute for Occupational Safety and Health, Division of Standards Development and Technology Transfer, Publication No. 85-116, September 1985

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JONES, WILLIE JAMES

WORKER'S Social Security Number

TYPE OF READING

FACILITY IDENTIFICATION

A ☒ P

H O B

## 1A. DATE OF X-RAY

MONTH DAY YR  
06 27 03

## 1B. FILM QUALITY

☒ 2 ☐ 3 ☐ U/RIf Not Grade 1  
Give Reason1C. IS FILM COMPLETELY  
NEGATIVE?YES ☐ Proceed to  
Section 6NO ☐ Proceed to  
Section 22A. ANY PARENCHYMAL ABNORMALITIES  
CONSISTENT WITH PNEUMOCONIOSIS?YES ☒ COMPLETE  
2B and 2CNO ☐ PROCEED TO  
SECTION 3

## 2B. SMALL OPACITIES

a. SHAPE/SIZE  
PRIMARY SECONDARY

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## b. ZONES

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## c. PROFUSION

0/-	0/0	0/1
1/0	<input checked="" type="checkbox"/>	1/2
2/1	2/2	2/3
3/2	3/3	3+

## 2C. LARGE OPACITIES

SIZE ☒ A ☐ B ☐ CPROCEED TO  
SECTION 33A. ANY PLEURAL ABNORMALITIES  
CONSISTENT WITH PNEUMOCONIOSIS?YES ☐ COMPLETE  
3B, 3C and 3DNO ☒ PROCEED TO  
SECTION 43B. PLEURAL  
THICKENING

## a. DIAPHRAGM (plaque)

SITE ☐ O ☐ R ☐ L

## b. COSTOPHRENIC ANGLE

SITE ☐ O ☐ R ☐ L

## a. CIRCUMSCRIBED (plaque)

SITE ☐ O ☐ RIN PROFILE ☐ O ☐ A ☐ B ☐ CI. WIDTH ☐ 0 ☐ 1 ☐ 2 ☐ 3II. EXTENT ☐ 0 ☐ 1 ☐ 2 ☐ 3FACE ON ☐ 0 ☐ 1 ☐ 2 ☐ 3III. EXTENT ☐ 0 ☐ 1 ☐ 2 ☐ 3

## 3B. PLEURAL THICKENING... Chest Wall

## b. DIFFUSE

SITE ☐ O ☐ RIN PROFILE ☐ O ☐ A ☐ B ☐ CI. WIDTH ☐ 0 ☐ 1 ☐ 2 ☐ 3II. EXTENT ☐ 0 ☐ 1 ☐ 2 ☐ 3FACE ON ☐ 0 ☐ 1 ☐ 2 ☐ 3III. EXTENT ☐ 0 ☐ 1 ☐ 2 ☐ 3

## 3D. PLEURAL CALCIFICATION

SITE ☐ O ☐ R

EXTENT

## a. DIAPHRAGM

☐ 0 ☐ 1 ☐ 2 ☐ 3

## b. WALL

☐ 0 ☐ 1 ☐ 2 ☐ 3

## c. OTHER SITES

☐ 0 ☐ 1 ☐ 2 ☐ 3SITE ☐ O ☐ L

EXTENT

## a. DIAPHRAGM

☐ 0 ☐ 1 ☐ 2 ☐ 3

## b. WALL

☐ 0 ☐ 1 ☐ 2 ☐ 3

## c. OTHER SITES

☐ 0 ☐ 1 ☐ 2 ☐ 3PROCEED TO  
SECTION 4

## 4A. ANY OTHER ABNORMALITIES?

YES ☐ COMPLETE  
4B and 4CNO ☒ PROCEED TO  
SECTION 5

## 4B. OTHER SYMBOLS (OBLIGATORY)

Report items  
which may be of  
present clinical  
significance  
in this section.

<input type="checkbox"/> O	<input type="checkbox"/> ax	<input type="checkbox"/> bu	<input type="checkbox"/> ca	<input type="checkbox"/> cn	<input type="checkbox"/> co	<input type="checkbox"/> cp	<input type="checkbox"/> cv	<input type="checkbox"/> di	<input type="checkbox"/> el	<input type="checkbox"/> em	<input type="checkbox"/> es	<input type="checkbox"/> fr	<input type="checkbox"/> hi	<input type="checkbox"/> ho	<input type="checkbox"/> id	<input type="checkbox"/> in	<input type="checkbox"/> kl	<input type="checkbox"/> pl	<input type="checkbox"/> px	<input type="checkbox"/> rp	<input type="checkbox"/> tb
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(SPECIFY ad.)

☐ 00

Date Personal Physician notified?

MONTH DAY YR

## 4C. OTHER COMMENTS

SHOULD WORKER SEE PERSONAL PHYSICIAN BECAUSE OF COMMENTS IN SECTION 4C.

YES ☐ NO ☐PROCEED TO  
SECTION 6

## 5. FILM READER'S INITIALS

JTS

## DATE OF READING

MONTH DAY YR  
06 27 03

**HOLLAND BIEBER & ASSOCIATES, Inc.**

Patient: Jones, Willie James

SS#: [REDACTED]

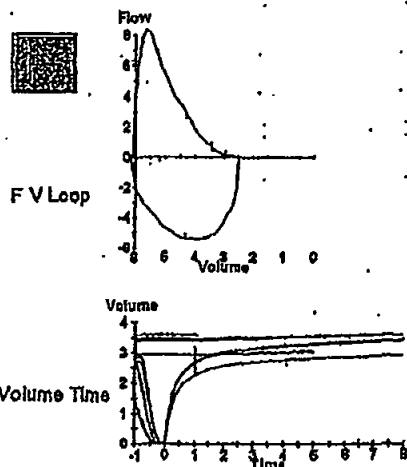
Age: 62 Height(In): 69 Weight(lb): 204

Gender: Male Race: Black

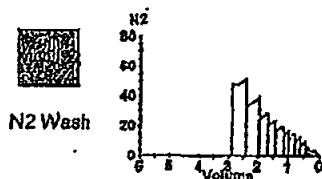
Date: 08/27/03

Physician: Dr. J. Segarra

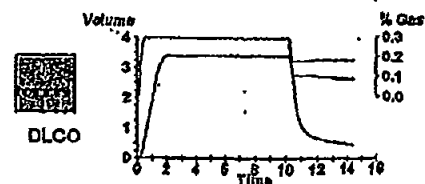
Technician: VA/MA

**Pulmonary Function Analysis****Spirometry**

		Ref	Pre Meas	Pre % Ref
FVC	Liters	4.52	3.62	80
FEV1	Liters	3.54	2.66	75
FEV1/FVC	%	78	73	
FEF25-75%	L/sec	3.35	1.95	58
FEF50%	L/sec		2.78	
PEF	L/sec		8.32	

**Lung Volumes**

VC	Liters	4.52	3.74	83
IC	Liters	2.99	3.17	106
ERV	Liters	1.49	0.39	26
FRC N2	Liters	3.53	2.89	82
RV	Liters	2.22	2.32	104
TLC	Liters	6.78	6.06	89
RV/TLC	%	33	38	

**Diffusion**

DLCO	mL/mmHg/min	32.9	24.3	74
VA	Liters		5.59	
DLCO/VA	mL/mmHg/min/L	4.97	4.35	88
IVC	Liters		3.47	

Comments:  
Good effort for all PFTs

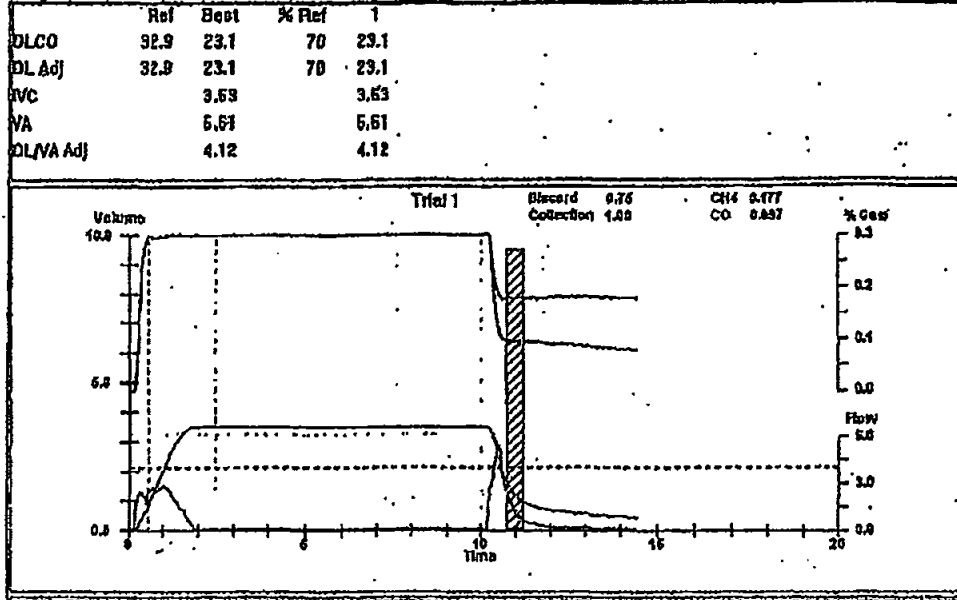
Any Info: Heygood, Orr & Reyes  
City: Tyler, TX

PF Reference: Crapo/Hau

HOLLAND BIEBER &amp; ASSOC ES, INC.

Date: 06/27/03 Heygood, Orr &amp; Rajas Pre

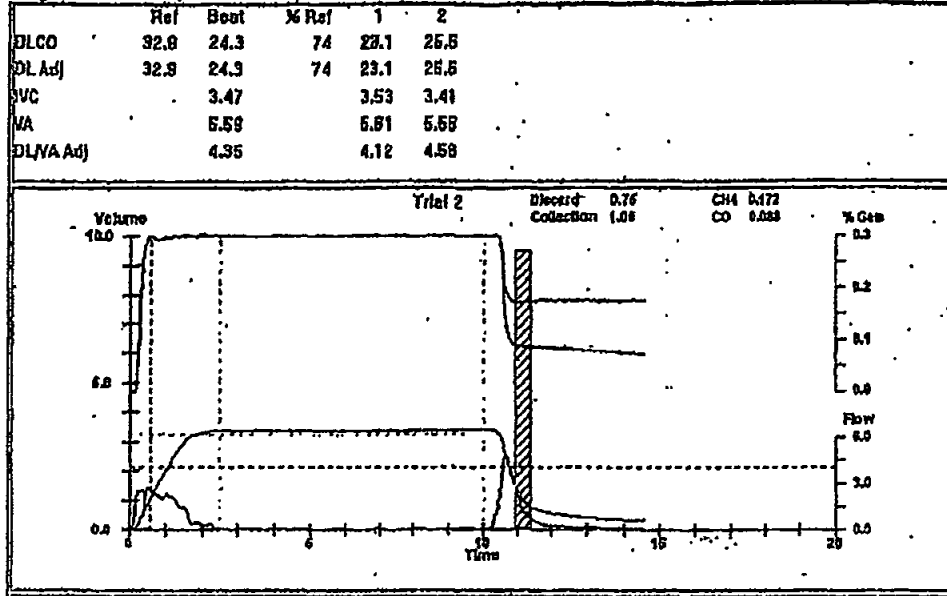
Single Breath DLCO -- Jonas, Willie James



HOLLAND BIBBER &amp; ASSOC ES, INC.

Date: 06/27/03 Haygood, Orr &amp; Reyes Pre

Single Breath DLCO — Jones, Willie James



HOLLAND BIEBER &amp; ASSOC EB, INC.

Date: 08/27/03 Heygood, Orr &amp; Reyes Pro

Flow Volume Loop — Jones, Willie James

